

## EXHIBIT E



**CUSTOMER CLAIM**

Bernard L. Madoff Investment Securities LLC  
Case No 08-01789-BRL

U.S. Bankruptcy Court for the Southern District of New York

Claim Number: **004773**

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**RECEIVED**

**DECEMBER 11, 2008**

**MAR 02 2009**

(Please print or type)

Name of Customer: PREMERO INVESTMENT LTD.  
Mailing Address: c/o YAIR GREEN ATTORNEY AT LAW 24 RAMBAN ST.  
City: JERUSALEM State: \_\_\_\_\_ Zip: 92422 ISRAEL  
Account No.: 1-FN 073-30  
Taxpayer I.D. Number (Social Security No.): N/A

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

\*\*\*\*\*

**1. Claim for money balances as of December 11, 2008:**

- a. The Broker owes me a Credit (Cr.) Balance of \$ \_\_\_\_\_
- b. I owe the Broker a Debit (Dr.) Balance of \$ \_\_\_\_\_
- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ \_\_\_\_\_
- d. If balance is zero, insert "None." NONE



2. Claim for securities as of **December 11, 2008**:

**PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.**

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   |           |
| b. I owe the Broker securities          |            | <u>X</u>  |
| c. If yes to either, please list below: |            |           |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		✓ The Broker Owes Me (Long)	I Owe the Broker (Short)
	<u>FIDELITY SPARTAN SBI</u>	<u>X</u>	
	<u>U.S. TREASURY BILLS (VARIOUS)</u>	<u>X</u>	
	<u>ESTIMATED VALUE \$1,600,185</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**



**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X_____
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X_____
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X_____
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X_____
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X_____
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____X_____
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.	_____	_____X_____

Please list the full name and address of anyone assisting you in the preparation of this claim form: N/A



If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

**IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.**

**THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.**

Date 04. Feb. 2009 Signature G. A. -

Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

**This customer claim form must be completed and mailed promptly,  
together with supporting documentation, etc. to:**

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

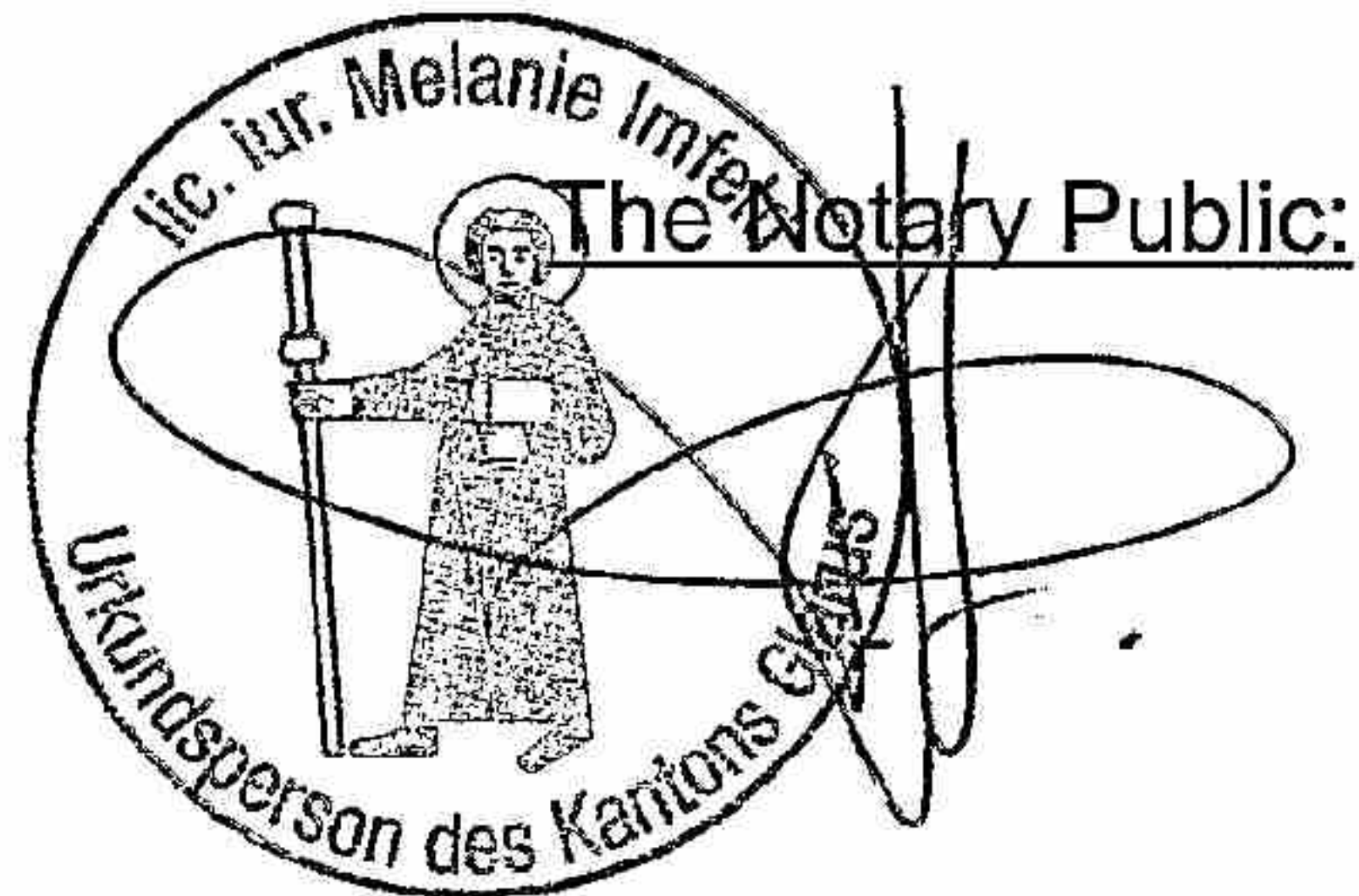




## Legalization

Seen to legalize the signature produced in my presence by Dr. Kurt Brunner, born Redacted from Redacted residing in Redacted Sole Director with individual signature, for Premero Investment Ltd., Road Town, Tortola, British Virgine Island, personally known to the notary public:

Redacted, February 4th, 2009



### APOSTILLE

(Convention de la Haye du 5 octobre 1961)

1. Land: Schweizerische Eidgenossenschaft, Kanton Glarus  
Country: Swiss Confederation, Canton of Glarus  
Diese öffentliche Urkunde / This public document

2. ist unterschrieben von .....  
has been signed by lic. iur. Melanie Imfeld, Redacted

3. in seiner Eigenschaft als .....  
acting in the capacity of Notary Public

4. Sie ist versehen mit dem Stempel/Siegel des (der) bears the stamp/seal of  
lic. iur. Melanie Imfeld

5. In / to 8750 Glarus Bestätigt / Certified  
6. am / the 4th February 2009

7. durch die Staatskanzlei des Kantons Glarus  
by Chancery of State of the Canton of Glarus

8. unter / under Nr. 8496

9. Stempel / Siegel / Stamp / seal 10. Unterschrift / Signature



Hj. Dürst

MWPTAP00308729



**YAIR GREEN & CO.  
Law Firm & Notary**

24 Ramban St. Jerusalem 92422 P.O.B. 7820  
Tel.: 02-5618820 Fax: 02-5666665  
E-mail: jr@ygreen.co.il

15 Abba Hillel St. Ramat Gan 52522  
Tel.: 03-7514980 Fax: 03-5754820  
E-mail: rg@ygreen.co.il

YAIR GREEN

AVITAL KRATTER

SHARON SHPIGEL

NITSAN SHMUELI

AMIR GREEN

OFFIR SHERMAN

SHAHAR ELON

Jerusalem  
February 12, 2009

**י א י ר ג ר י נ ו ש ו ת י  
מ ש ר ד ע ו ר כ י ד י נ ו נ ו ט ר י ו נ**

רחוב רמב"ן 24 ירושלים 92422 ת.ד. 7820  
טלפון: 02-5618820 פקס: 02-5666665  
E-mail: jr@ygreen.co.il

רחוב אבא הלל 15, רמת-גן 52522  
טלפון: 03-7514980 פקס: 03-5754820  
E-mail: rg@ygreen.co.il

י א י ר ג ר י נ

א ב י ט ל ק ר ט ר

ש ר ו נ ש פ י ג ל

נ י צ נ ש מ ו א ל י

א מ י ר ג ר י נ

א ו פ י ר ש ר מ נ

ש ח ר א ל ו נ

**Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201  
U S A**

**Via Certified Mail, Return Receipt**

Dear Mr. Picard,

**Re: Customer Claim - Premero Investment Ltd.**

Attached please find two customer claim forms in respect of Premero Investment Ltd., which held securities accounts with Bernard L. Madoff Investment Securities LLC in New York under account number 1-FN097-30 and account number 1-FN073-30.

Appended to the claim form in respect of account number 1-FN097-30 is the last known evaluations of that account, as of June 30, 2008.

The forms were signed by the company's sole director, Dr. Kurt Brunner, duly notarized and an Apostille affixed, since they were signed outside the United States.

Please acknowledge receipt of the forms and appended material.

Sincerely,

**YAIR GREEN**  
Yair Green, Attorney at Law

**MWPTAP00308730**



יאיר גרין ושות'  
משרד עורכי-דין ונוטריון

רחוב רמב"ן 24 ירושלים 92422 ת.ד. 7820  
טלפון: 02-5666665 פקס: 02-56618820

רחוב אבא חלל 15, רמת-גן 52522  
טלפון: 03-5754820 פקס: 03-57514980

YAIR GREEN & CO.  
Law Firm & Notary

24 Ramban St. Jerusalem 92422 P.O.B. 7820  
Tel.: 02-56618820 Fax: 02-5666665

15 Abba Hillel St. Ramat Gan 52522  
Tel.: 03-57514980 Fax: 03-5754820

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff  
Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201  
U S A

אישור מסירה/קבלה/תשלום/רישום  
AVIS de réception/de livraison/de paiement/d'inscription  
CN 07  
(ancienn. C5) (נמקום)

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Israel Post  
Israel Postal Company Ltd  
www.israelpost.co.il

Bureau de dépôt: 15.02.09  
Date

Destinataire de l'envoi: IRVING H. PICARD, ESQ.  
TRUSTEE FOR BERNARD L. MADOFF  
CLAIMS PROCESSING CENTER  
2100 McKINNEY AVE. SUITE 800 DALLAS TX 75201

Nature de l'envoi: U.S.A.  
Lettre ☒ Enveloppe ☐ Imprimé ☐ Colis ☐ Valeur déclarée ☐ Montant ☐

No. de l'envoi: RA215261189 IL

A compléter à destination: L'envoi mentionné ci-dessus a été dûment  
remis ☐ payé ☐ inscrit en CCP ☐ Date et signature: \*  
Cet avis pourra être signé par le destinataire ou, si les règlements du pays de destination le prévoient, par une autre personne autorisée ou par l'agent du bureau de destination.  
(06/2786)

Renvoyer à: Nom ou raison sociale: YAIR GREEN  
Rue et No.: 24 RAMBAN ST. 24  
Localité et pays: JERUSALEM ISRAEL  
שם או שם החברה: יאיר גרין  
רחוב ומספר: 24 רמב"ן  
מקום ומדינה: ירושלים ישראל

729-0002



MWP TAP00308731